State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999 NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on his form. For assistance in completing this form, see instructions on the reverse

3 THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILENUMBER
·
TOTAL PAGES IN ENTIRE CFA-4 REPORT
10

-COMMITTEE INFORMA	TION	
Full name of committee (as an Statement of Organization) Check if this is a new name		
TERESA OTIS FOR WTC		
- N. C.	Committee telephone number	2 (
	The state of the s	2636
	If this is a new address	
5 47 N. UNION ST		
WESTFIELD IN 46074	6. Party affiliation (if applicable)	V
CANDIDATE INFORMATION (For Candida	ite's Committees Only)	
'. Full name of candidate (include any nickname)	8. Party affiliation or if independent	
TERESA OTIS	KEPUBLICAN	
	10. County of residence	
WESTKIELD TOWN COUNCIL	HAMILTON	
TYPE OF REPORT		VENTION CANDIDATES ONLY
1. Check one:	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 2	0 must be "0") Pre-0	convention
Outgoing Tressurer (within 10 days amend Statement of Organization) 2. Reporting period:	Post-	Convention
From: 10/12/02 Through: 12/31/02	COLUMN A This Period	COLUMN B Year to Date
 Gash on hand and investments at the beginning of this reporting period. 	58.30	
14, Cash on hand and investments January 1, current year.		1941.09
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contribu-	tions.)	· · · · · · · · · · · · · · · · · · ·
15a. Itemized (use Schedule A)	0	5031.65
15b. Uniternized	0	1498,00
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	6529,65
EXPENDITURES	TOTAL 5 % 3 0	\$470.74
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	8387,44
17b. Uniternized	0	25.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL O	8412,44
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both column		58.30
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)		
The state of the s		

Date /
Total .
1/14/0

FOR OFFICE USE ONLY



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUAL Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK MIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse site. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuels OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as lean proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER
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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIRS	COLUMN A	COLUNA :	DATERSO
FULL MAILING ADDRESS (street, number, city, state, ZIP cddc)		PERIOD	YEAR-10 DALL	RECEIVED
1.	Contributions:	THE RESIDENCE OF THE PARTY OF T	A CONTRACTOR OF THE PARTY OF TH	
	☐ In-Kind (desamble)			
				-
	Other Receipts. Interest OLoan Misc (specify)			
Contributor's Occupation (if required)		 		-
2.	Contributions: Direct In-Kind (describe)			- Jan 10
	Other Receipts: Interest Duan Misc (specify)			
Contributor's Occupation (if required)		1	1	
3.	Contributions:	1	1	1
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc (specify)		}	
Contributor's Occupation (# required)				
4.	Contributions:	1		
	Direct in-Kind (describe)			
		i		
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)	_			
5.	Contributions:	1		
	Direct (describs)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (# required)				
SUB TOTAL	THIS PAGE OF SCHEDULE A	12 ()		March 12 of 1984 and



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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INIX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state [ZIP code)	Type of Contribution or other receipt	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
2.	Centributions: Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	The state of the s	The supplemental and the suppl	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Ucen Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest DLoan Misc (specify)			
OLIO TOTAL THE			STORY OF THE PARTY OF	37.5527.950



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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTREUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or thit legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a talendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other incorne) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER PEGLIPT	COLUMN A AMOUNT THIS PERIOD		DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts:	The state of the s		
2	Contributions: Direct in-Kind (describe)			
	Other Receipts: interest Cluan Misc (specify)			
3	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest DLoan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Cloan Misc (specify)	8		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-

Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city; state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO DATE	DATE RECEIVE RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest ©Loan Misc (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest ①Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
SUB TOTAL TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY	s 0		



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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All currulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts. (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING AUGRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
3	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Ulpan Misc (specify)			
4.	Contributions: Direct In-Kind (desaribe)			THE SECTION AND ADMINISTRATION OF THE PROPERTY
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Doan Misc (speally)			
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(CFA-4 SCHEDULE B) Itemized Expenditures

	FLE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK BMK at information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-land, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND NATURG ADDRESS SITTED AND DET SIZE STATE. ZIP CONT.	RECIPIENT'S GCCUPATION	ard	AMOUNT THIS	SCLUMN B TOTAL VE YEAR TO DATE	DATE OF CYPENDILE
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code	Does	Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code	Com	Direct			
		Purpose:			
Code	Coxe	Direct Din-Kind Payment of Debt Resumed Contribution Other			ngg tropp distribution and distributes and discrete an
	Charles	Purpose:			
Code	Done	Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code	E Cree	Direct In-Kind Payment of Debt Returned Contribution Other			
	Dloves	Purpose:		and the second	
Code	Cone	Direct In-Kind Payment of Debt Returned Contribution Other			
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TOTAL OF A	LL PAGES OF SCHEDULE B	ON THE LAST PAGE ONLY	. 0		



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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER					
Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	PUB	LIC QUESTION INFORMATION				
Enter Text of Public Question						
Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed	al					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	AM	OLUMN A OUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER				
Page	of			

ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this chedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the amounts of the amount, ower the amount, ower the amount, ower the amount, ower the amounts of the amount institutions, individuals, redit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the amount of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes and at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)		INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
IDERS OCCUPATION:					
DERS OCCUPATION:					
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER				
Pane	ed.			

STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing is schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the ammittee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS(if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
					170
		SUB TOTAL	THIS PAGE OF	SCHEDULE E	s 0
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